

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date:: November 15, 2002  
Application Type:: Provisional  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: No  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: METHODS FOR PREVENTING AND  
TREATING CANCER METASTASIS AND  
BONE LOSS ASSOCIATED WITH CANCER  
METASTASIS  
Attorney Docket Number:: 59516-153/PP-19420.001  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency:: No  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Deborah  
Middle Name:: Lee  
Family Name:: Zimmerman  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 3841 17th Street  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94114

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gregory  
Middle Name:: Martin  
Family Name:: Harrowe  
Name Suffix::  
City of Residence:: Berkley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1109 Spruce Street

City of mailing address:: Berkley  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94707

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of China  
Status:: Full Capacity  
Given Name:: Cheng  
Middle Name::  
Family Name:: Liu  
Name Suffix::  
City of Residence:: Richmond  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 2266 Bristlecone Road  
City of mailing address:: Richmond  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94803

**Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kirston  
Middle Name::  
Family Name:: Koths

Name Suffix::  
City of Residence:: Emeryville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 4560 Horton Street  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94608-2917

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: Michael  
Family Name:: Kavanaugh  
Name Suffix::  
City of Residence:: Orinda  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 22 Orchard Road  
City of mailing address:: Orinda  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94563

**Correspondence Information**

Correspondence Customer Number ::

Name:: Chiron Coporation  
Street of mailing address:: Intellectual Property R338, PO Box 8097  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94662-8097  
Phone number:: (510) 655-8730  
Fax Number: (510) 655-3542  
E-Mail address:: corpcomm@chiron.com

**Representative Information**

Representative Customer Number::		
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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